

DUTCHESS COUNTY

Comptroller's Office, 4th Floor 22 Market Street Poughkeepsie, NY 12601 Phone: (845) 486-2050 Fax: (845) 486-2055

DIRECT DEPOSIT VIA ACH (ACH CREDIT)

Check all that apply:	☐ Begin Deposit	☐ Change informati	ion
I have provided information	on for my account below	I.	
I (we) hereby authorize necessary, to electronica that ACH transactions I (v	lly debit my (our) accou	unt to correct erroneou	
Account Information:			
Vendor Name:			
Bank Name:			
Routing Number:	Acc	count Number:	
	I	☐ Checking Account	☐ Savings Account
Name(s) on the Account			
Email Address:	Please Note: this email addre	ss will be used for payment i	notifications.
Business Address:			
Please provide contact			
Contact Name:			
Contact Phone Number:			
I (we) understand that the Dutchess County in writing (we) understand that Dutthis authorization.	ng to the address above	that I (we) wish to rev	oke this authorization. I
	Name(s)	(5)	
		(Please Print)	
Date:	Signature(s)		